# Exhibit 43



#### UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

IN RE PHARMACEUTICAL INDUSTRY AVERAGE WHOLESALE PRICE LITIGATION

MDL No. 1456

CIVIL ACTION: 01-CV-12257-PBS

Judge Patti B. Saris

THIS DOCUMENT RELATES TO State of Montana v. American Home Products Corp., et al., D. Mont. Cause No. CV- 02-09-H-DWM

## PHARMACIA'S ANSWER TO STATE OF MONTANA'S SECOND AMENDED COMPLAINT

Defendants Pharmacia Corporation and Pharmacia and Upjohn ("Pharmacia") hereby respond and answer the State of Montana's Second Amended Complaint (the "Complaint") as follows:

#### **Preface**

Prior to addressing the specific allegations of the numbered Paragraphs. Pharmacia states the following general objections and responses to the Complaint as a whole. The Complaint contains purported quotations from a number of sources, many of which are unidentified. If any of the quotations originate in documents protected by the attorney-client privilege, the work-product doctrine or the joint-defense privilege, Pharmacia reserves the right to assert such privileges, hereby moves to strike such references and demands return of any such documents that Plaintiff may have in its possession, custody or control. In answering allegations consisting of quotations, an



Pharmacia denies the remaining allegations in Paragraph 1 of the Complaint that pertain to it.

- 2. Pharmacia admits that it is a manufacturer of pharmaceutical products. To the extent the allegations of this Paragraph refer to statutory or regulatory programs, the statutes, regulations and other sources regarding those programs speak for themselves, and any characterizations thereof are denied. To the extent the allegations in Paragraph 2 of the Complaint are directed to persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of the allegations and, therefore, denies those allegations. Pharmacia denies the remaining allegations in Paragraph 2 of the Complaint that pertain to it.
- 3. The allegations in Paragraph 3 contain Plaintiff's generalizations and self-serving conclusions. Accordingly, no answer is required and none is made. To the extent an answer is deemed to be required, the allegations are denied and strict proof is demanded thereof.
- 4. The allegations in Paragraph 4 contain Plaintiff's generalizations and self-serving conclusions. Accordingly, no answer is required and none is made. To the extent an answer is deemed to be required, the allegations are denied and strict proof is demanded thereof.
- 5. Pharmacia admits that some public drug reimbursement systems reimburse physicians and pharmacies based upon the AWP as published and reported by various compendia. Pharmacia is without sufficient knowledge or information sufficient to form a belief as to the truth of the allegations regarding private drug reimbursement and,



therefore, denies those allegations. Pharmacia denies the remaining allegations in Paragraph 5 of the Complaint that pertain to it.

- 6. Denied.
- 7. Pharmacia denies the existence of, and its participation in, any "AWP Inflation Scheme" as alleged in Paragraph 7 of the Complaint. To the extent the allegations in Paragraph 7 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations. To the extent the allegations of Paragraph 7 contain legal arguments or conclusions of law, no answer is required and none is made. Pharmacia denies the remaining allegations in Paragraph 7 of the Complaint that pertain to it.
- 8. Denied To the extent the allegations in Paragraph 8 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations.
- 9. Denied. To the extent the allegations in Paragraph 9 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations.
- 10. Denied. To the extent the allegations in Paragraph 10 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Pharmacia, Pharmacia is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations.

# Exhibit 44

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#### UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MASSACHUSETTS

IN RE PHARMACEUTICAL INDUSTRY AVERAGE WHOLESALE PRICE LITIGATION

MDL No. 1456

THIS DOCUMENT RELATES TO

CIVIL ACTION: 01-CV-12257-PBS

State of Montana v. American Home Products Corp., et al.,

Judge Patti B. Saris

D. Mont. Cause No. CV-02-09-H-DWM

## SICOR ANSWER TO STATE OF MONTANA'S AMENDED COMPLAINT

Defendant Sicor, Inc. and Sicor Pharmaceuticals, Inc. ("Sicor") hereby responds and answers State of Montana's Second Amended Complaint (the "Complaint") as follows:

#### Preface

Prior to addressing the specific allegations of the numbered Paragraphs, Sicor states the following general objections and responses to the Complaint as a whole. The Complaint contains purported quotations from a number of sources, many of which are unidentified. If any of the quotations originate in documents protected by the attorney client privilege, the work-product doctrine or the joint-defense privilege, Sicor reserves the right to assert such privileges, hereby moves to strike such references and demands return of any such documents that Plaintiff may have in its possession, custody or control. In answering allegations consisting of quotations, an admission that the material quoted was contained in a document or was uttered by the person or entity does not constitute an admission that the substantive content of the quote is or is not true or that the material is relevant or admissible in this action.

The Complaint also improperly and repetitively refers to Sicor and certain other defendants and third parties on a collective basis, failing to plead with requisite particularity

Complaint are directed to persons, entities or defendants other than Sicor, Sicor is without knowledge or information sufficient to form a belief as to the truth of the allegations and, therefore, denies those allegations.

- 3. The allegations in Paragraph 3 contain Plaintiff's generalizations and conclusions. Accordingly, no answer is required and none is made. To the extent an answer is necessary, the allegations are denied and strict proof is demanded thereof.
- 4. The allegations in Paragraph 4 contain Plaintiff's generalizations and conclusions. Accordingly, no answer is required and none is made. To the extent an answer is necessary, the allegations are denied and strict proof is demanded thereof.
- 5. Sicor admits that some public drug reimbursement systems reimburse physicians and pharmacies based upon the AWP as published and reported by various compendia. Sicor is without sufficient knowledge or information sufficient to form a belief as to the truth of the allegations regarding private drug reimbursement and, therefore, denies those allegations. Sicor denies the remaining allegations in Paragraph 5 of the Complaint that pertain to it.
- 6. Sicor admits that it has provided pricing information to various compendia. Sicor denies the existence of, and its participation in, any "AWP Inflation Scheme" as alleged in Paragraph 6 of the Complaint. To the extent the allegations in Paragraph 6 of the Complaint refer to the knowledge, conduct or actions of persons, entities or defendants other than Sicor, Sicor is without knowledge or information sufficient to form a belief as to the truth of those allegations and, therefore, denies those allegations. To the extent the allegations of Paragraph 6 contain legal arguments or conclusions of law, no answer is required and none is made. Sicor denies the remaining allegations in Paragraph 6 of the Complaint that pertain to it.

# Exhibit 45

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Shekt of Injectable covered for labeled Carrier raview complets; Cleims injectable use 13490, Carrier Refional posicy for all Part B toderations incident to physician for injectable supports electronic fing of carriers allowance based on inscription in the carriers allowance based on carriers affects of published AMP until carriers affects of problement and participated and process of a carriers allowance based on carriers affects and problement and process on a carriers allowance based on carriers affects and problement and carriers allowance based on carriers affects and carriers allowance based on carriers affects and carriers allowance based on carriers affects and carriers allowance based on carriers and carriers allowance based on carriers and carriers allowance based on carriers allowance based on carriers and carriers allowance based on carriers allowance based on carriers and carriers allowance based on carriers allowance based on carriers and carriers allowance based on carriers and ca	Shield of Injectable covered for labeled Carder raview complete; Claims injectable use 13490, Carder Shield of Indications indicated to provide a subsequence based on toolerables to provide a subsequence based on the consideration until national miscalaneous code carder with controlled the providerable miscalaneous code carder with parties and benefits for Account. Catma for Accounts injectable field using a nitroalismous code (e.g., 13490, 19799) must also include the	Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Cleims Information	``\
Sheld of Injectable covered for labeled Carrier review complete; Claims Injectable use J3490, Center for indectable use J3490, Center for index jan	Shekt of Injectable covered for labeled carrier review complets; Cleims injectable use 13490, Center review complets; Cleims indectable use 13490, Center review complets; Cleims accepts electronic filing of indectations indectable in consideration until national accepts electronic filing of indectable filed to indectable independent to independent t	Hawaii				r
	Please note for Moticate Part 8 and Medical State Plans:	Medicare — Part 8 Bee Cross Blue Shield of North Datels Fargo ND	Injectable covered for labeled indications indicated to provide a provided a pervices effective B/11/B7	Carrier review complets; Claims for injectable subject to individual consideration until national HCPCS code assignment		National policy for all Part B carriens, allowance based on 100% of published AWP until 11/108 when allowance based on 95% of published AWP
		Please note for Wedicate Part 8 av	d Rendraid State Plans: to interpreted as a guarantee of benefits i	for Archemel, Chalma for Archemes Injectabil	le filed using a miscalianments code (e.g., ment	,13450, 50799) must also include the

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Anzemet Coverage Infroduction Reimbursement Information by State This report provides a pain by plan describbin of covers includes activity through becamber 8, 1997	Anzemet Coverage Introduction Program Reimbursement information by State This report provides a pain by plan description of coverage information, grouped by states includes earthly through December 8, 1997	क्र्य हैंग ब्रांग है.		
Payer Type Plan Tille, City and State	Coverage Policy	Raview Status	Baling Requirements and Chims Information	Payment N
lowa				
State MA — Medicald Medicard Des Molnes IA	Both formulations covered for labeled indications effective 10/29/97	Review complets	Physicians use 13480; Pharmacies use NDC	Physicians 10% plus at Pharmacy n 10.% plus d
Piesse note for Medican Pari 8 and Medicald State Paris: Coverage continued on should not be shappened as a guera	and 8 and Andicaid State Parts: and not be insepted as a quantities of benefits for Attentio. Califins for Attention Injectable flac	tor Assemat. Claims for Assemel	Pease note to Medican Pari 8 and Medicaid State Paris: Coverage confirmation should not be interpreted as a quantum of beautis to Anserral, Chain for Azamet Injectable field using a miscellarmous code (e.g., £7450, 90799)	4, 13490, 90799)

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Payer Type Plan Tibe, City and State	Coverage Policy	Royler Status	Billing Requirements and Claims Information	Payment Methodology
Idaho				<u>Q</u>
Medicare — Part B Connecticut General Life Insurance Company Harford CT	injectable covered for labeled industrial industrial industrial physician services effective 8/11/87	Center review complete; Clains is sectable use 13480, Center for injectable use 13480, Center for injectable use 13480, Center corrected to independ on contract find of the center with package hoard to facilitate drangment	Lejectable use 13480, Carrier accepts selectable filing of miscellaneous code cliens with drug name, strangth, dozage roled in corresent; however, CRC strongly recommends paper (Ritry with this carrier with package haset to facilitate drug recognition	National policy for all Part B denfert; allowance lassed on 100% of published AWP unit 1/1/88 when allowance based on 95% of published AWP

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Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims information	Payment Methodology
Illinois		1		
Modicare — Part B Heath Care Service Corporation Chicago II.	Injectable covered for labelled indications incident to physicien services effective 9/1/67	Carrier review in process, authorities all intertables in focal policy development; Claims for injectable subject to individual consideration until retitoral HCPCS code assignment.	hjectrbie use J3490, Carrier accepts electronic filing of refocalianeous code claims with duty name, strength, desage noise in comments; however, CRC strongly recomments power filing with this zarrier with package insert to secilizate drug recognition.	Netional policy for all Part B carriera; allowance based on 100% of published AWP unit 1/198 when allowance based t 85% of published AWP
State MA — Medicaid Medicaid Springlisid II.	Both formulations can be covered with prior euthorization until formulary determination medo	State formulary review required, presentation to Drug & Therapeutics Committee in process by HARR	Code for physician billing of Injection to be confirmed; for tablets, physicians and pharmacist contact 800 PA in a with diagnosis, desage, NDC	Physicians reimbursed acquisition plus 20%; phemacy reimbursed AWP less 10% plus dispensing
Please note for Medicine Part B and Medicald State Plans: Coverage confirmation should not be interpreted as a guest name, strength and doorage for Anzemat In order for the dru	Phase note for Medicine Part B and Medicined State Plans: Covered confirmation should not be integrated as a greatering to Anzenal. Claims for Anzenal Hectable fised calong a miscolisments code (e.g., 13450, 50739) must also include the confirmation should be the drug to be identified by the plan and considered for reimbursoment.	Arzemal. Claims for Arzemes electable tre pien and considered for reimburse	e fied esing a miscelluracus code (e.g., ment.	10450, 90755) must also include the

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•		10000	Review Status	Billing Requirements and	Psyment Methodology
	Payer Type Plan Title, City and State			Clains information	
	Indiana				j
-	State MA — Medicald Medicald Independe IN	Both formulations covered for tabeled indications effective 10/29/87	Replay complets	Physicians use J3490; Pharmscles use NDC	Physicians to be confirmed; Pharmacy reimburseded AWP less 10% pfur dispensing
-	Please note for Medicare Part Blank Coverage confirmation should not be some simports and desage for Antol	d Medicad State Plans: b Interpreted as a guerantes of benefits ternet in order for the drug to be identified	tor Ansemst Claims for Angemet of by the plan and correldend for m	Please note for Neoticate Part B and Medicald State Plans: Coverage confirmation should not be interpreted as a guerantee of beautific for Anzernat Injection's fleet uning a miscellaneous tools (e.g., 43490, p0799) must also include the summittee of Anzernat in order for the drug to be identified by the plan and considered for minimized founds.	g., 33450, 90799) must also include the
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Plan Title, City and State.	Payer Type Coverage Policy	Raview Status	Billing Requirements and Claims information	Payment Methodology
Kansas				KS
Medicare — Part B Bine Cross Blue Shloid of Karstan Topsia KS	injectable covered for labeled indications incident to physician services effective 0/1/107	Carrier review in process, subjects all injectables to local policy development. Calons for injectable subject to individual consideration until national HCPCS code assignment.	Injectable use J3480, Carrier scoops electronic fling of miscellaneous code claims with drug mine, struggly, desage noted in comments however, CRC struggly recommends paper fling with this carrier with package insert to facilitate drug necognition.	Pational policy for all Part B cardens: allowance based on 100% of published AWP until 1/108 when a llowance based on 85% of published AWP
State MA Medicald Medicald Topeke KS	Each formulations covered for tabled indications effective 10/25/97	Review complete	Physicians use 13490; Phermackes use NDC	Physicians reimbursed AWP less 10% pius \$1-2; Praemacy reimbursed AWP less 10% pius disperating
Presse note for Medican Part B and Medicald State Prants: Coverage confinuation should not be interpreted as a guar- name, strength and docupe for Amonnet's order for the dr.	Please note for kedicure Part B and Medicald State Plants: Coverage confirmation should not be interpreted as a guarantee of benafits for Arzennel, Calins for Arzennel in the confirmation should not be interpreted as a guarantee of benafits for Arzennel and confirmation and designe for Arzennel in order for the drug to be identified by the plan and consideration.	to: Account. Cales to: Account triects d by the plen and considered for relembers	be fied using a miscalianeous code (a s.	JJ490, 60799) must also include fite
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Chaims Information  Chaims Information  Chaims Information  Chaims Information  Inf	includes activity tytogin December 5, 1007			The state of the s	Warman Mathadalogy
Part B  The control of the control o	A City and State	overage Policy	Review Status	Billing Requirements and Cisims Information	1
Part B  By Bird Height Bard Machine (for labeled consistent to physician consideration until middle subjects in industrial and industrial consideration until middle subjects in industrial consideration until middle subjects consideration until middl	Kentucky				K
Please note for Madicar Part B and Madical Stells Plans:  Coverge confirmation should not be interpreted as a particles of benefits for Americal Claims for Azzama land should not be interpreted as a particles of benefits to be founded by the plan and considered for reimblinerment.  Interp. Azzama is noted for the drug to be identified by the plan and considered for reimblinerment.	Part B ar of Kontucky, Inc. iis IN	riscustis covered for labeled ndicedens incident to physician surices effective 9/11/87	Carrier raview complets; Claims for Injectable subject to Interdusti consideration unit national HCPCS code sestignment	Injectable use JSA90, Carrier accepts electronic filtra of miscelleneous code claims with drug name, attendit, doesge noted in comments however, CRC attendity recommends paper sting with this carrier with package insert to facilitate drug recognition	National policy for all Part B carrients allowance based on 100%, of published AWP until 1/1/1/18 when allowance based on 95%, of published AWP
	Please note for Medicare Part B and Ma Coverege confirmation should not be find name, strength and dosage for Automin	dani Shin Pani. Ingalid se a garinke of baceffs i i fracter for the dray to be identified	or Ansemet. Claims for Accessed Injection by the plan and considered for relimbline	le Red using a miscelloracus code (a.g. mart.	, 13490, 90709) must also lecture the
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This report provides a plan by place description of covers includes subhity through December B, 1997	This report provides a plan by plan describtion of coverage information, grouped by stake. Includes sectivity through December 8, 1997	d by state.	·	
Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims information	Pryment Methodology
Louisiana				4
Medicare Part B Ariamas BC89-Lousima Medicare Operations Little Rock AR	bijectable covered for labeled Indicators incident to physiciem services difective 0/11/87	Carrier raview complete; Calms for Injectable subject to individual consideration until national HCPCS code assignment	Lijectable use 13490, Carrier scoopts electron filling of miscellaments code claims with drug name, strength, dosage moted in comments; hovever, CRC strongly recommends paper filling with this carrier with package insert to facilitate drug recognition.	National policy for all Part B certain: allowance based on 100% of published AWP until 11/78 when allowance based on 95% of published AWP
State MA Medicald Medicald Baton Rouga LA	Tablet covered for labeled indicators effective 14/1097; pilototable being confirmed	Tablet review complete	Physician code for hjectable being confirmed; pharmacida use NDC	Physician reimbyrsement to be confirmed; Pharmacy reimbarsed AWP less 10,5% plus dispensing
Please note for Medican Part B an	d Medicaid State Plens: a interceled as a guarantee of benefits i	Prese note to Medicar Part Band Medicaid State Plens.  - Annual of Medicar Part Band Medicaid State Plens.  - Annual of Medicar Part Band Medicaid State Plens.  - Annual of Medicar Part Band Inches and Spatial of Annual in the Annual Information (e.g., 13400, 90799) must also include the	e fied using a miscellaneous code (e.g.,	13490, 90799) must also include the

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pared: December 8, 1997

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Includes	Includes activity through December B, 1997	7 B, 1997			Description Mathedology
Payer Type	or Type Post Title, City and State	Coverage Policy	Review Stalus	Billing Requirements and Claims Information	Ì
Mass	Massachusetts				MA
25 EB	State MA — Medicaid Medicaid Boston MA	Both formulations covered for stabeled indications effective (0.28/97	Review complete	Physicians usa 13490 and Invoice; Pharmacias usa NDC and Proice	Physicians reimbursed ecquisition: Pharmacy reimbursed WAC plus 10% plus \$3 dispensing
	prote for Medicare Parl B 4	and Heddoold Silve Plane:	the Assumet. Claims for Accomed to	p.e) apos incanafocem a grapa palle est	13480, 90798) must elso include the
SE	nge confirmation shows no , strength and doesgo for A	verennet in order for the drug to be identified	of by the plan and considered for re-	Coverage confinitely, about not service that the drug to be identified by the plan and considered for relimposement.	
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-			A cost Compatentive Reimbursement Consollants, M.C.	m Consultants, MC.	05 to 02 abre

Anzemet Coverage Introduction Program Reimbursement Information by State

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The report provides a plan by plan description of coverge information, grouped by state.

Payer Type Plan Title, City and State	Coverage Policy	Review Status	Bitting Requirements and Claims Information	Payment Methodology
Maryland			•	MD
Medicare — Part B Bee Crass Blue Sylekt of Texa el Tralblazor Daine TX	Injectable covered for tabbled indicatons indoes to physician services effective 6/1/87	Camier review in process, subjects all Injectables to local policy development, Claima for injectable subject to individual consideration until retronal HCPCS code assignment.	Injectable use J3490, Carrier accepts electronic filing of miscellaneous code claims with drug manners, attended drug manners, incertain card aroundly recommends paper filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers, slowance based on 100% of published AMP until 1/1/88 when allowance based on 85% of published AWP.
Modicare Part B Xact Medicare Services Camp Hit PA	Injectable covered for labeled indications incident to physician services affective 9/11/97	Carrier raview complete; Claims for injectable subject to individual consideration unit national HCPCS code assignment	Injectable use 90799, Carrier accepts electronic Bing of miscellans with dry neme, strength, dosage noted in comments; however, CRC recomments paper filing for improved certain pracessing sporacy.	National policy for all Part B carriers allowance based on 100% of published AWP until 11/188 when a based on 95% of published AWP
State MA — Medicald Medicald Baltimore MD	Both formulations covered for labeled indications effective 11/3/97	None acteduled	Physicians use code Y5689 for injectable and involve; Pharmacles use NDC	Physicians and pharmacy reimbursed WAC plus 10%

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Includes activity through Decomber 5, 1997	Includes activity through December 8, 1997			
Payer Type Plen Title City and State	Coverage Policy	Review Status	Bitling Requirements and Claims Information	Psyment Methodology
Maine				ME
Siate MA — Medicald Medicald Augusta ME	Both formulations covered effective (0:28/87	Raview complete	Physician use 13490 for hjectoble with frencie: Pharmades uso NDC and involve	Physician reimbursed acquisition; Pharmacy micribursed AWP to so 10%
Puesse stie for Medicere Part B.a. Coverage confirmation should not serie, abangth and dose pe for An	Passa nota for Medicara Pari B and Medicaid State Plans: Coverage confirmation should not be sharpened as a guarantee of benefits for Arcemet. Claims for Arcemet Injectable Sted varia, astangti and cosage for Ansamet in order for the drug to be identified by the pien and considered for reinfoursements,	is for Arcental. Claims for Arcental it and by the second for relief by the pien and considered for reli	Prese not for Medicare Part is and Medical Sibre Plans: Coverage confirmation should not be specialized by the plans and considered for reinforcement.  The second confirmation should not be specialized by the plan and considered for reinforcement.  The second s	J3490, 90799) mml tise indude the
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				Daves of Mathodole
Payer Type Plan Title, City and State	Coverage Policy	Review Status	Billing Requirements and Cialms Information.	
Michigan	•		-	
Medicers — Part B Health Cere Service Corporation Chicago: it	injectable covered for labeled indicatums incident to physician parvices effective 9/11/87	Carrier review in process, subjects all injectables to local policy development, Claims for injectable subject to individual consideration until national HCPCS code assignment.	Injectable use L3490, Carrier accepts electronic flery of missellaneous code claims with drug name, strangth, closage noted in continential however, CRC alvergy recommends paper filling with this carrier with package intent to facilitate drug recognition.	National policy for all carriers: altowance to carriers: altowance to 100% of 11/10% when allowan 65% of published AV
Siste MA — Medicald Medicald Lanalog MI	Both temutations covered for tabeled indications effective 12/197	Review complete	Physiciens use 13490 with knotos, Pharmades use NDC	Physicians reimburs acquisition; Pramme reimburs of AWP les dapensing
Please note for Medicare Pari Coverage confirmation ehouse name, strength and dosage to	Please note for Medicare Part B and Medicaid State Plens: Coverage continued not be transported as a guerantee of benefits for Anzamal. Claims for Anzamal fled using a miscalfaneous code (e.g., Johist, 90799) must also be interpreted as a guerantee of benefited by the plan and considered for reinfaltmentant. Lane, stangth and doesge for Anzamal In order for the drug to be identified by the plan and considered for reinfaltmentant.	for Argumet, Caims for Argumes Injected by the plan and considered for relimbure	bis fled using a miscellaneous code (e.g.	JS490, 90709) must al
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Payment Type Payment Table City and Surbs Payment Table City and Surbs Payment Table City and Surbs Payment Information State MAINTRESCORE STATE M	trokdes sorwity through December 6, 1997	Includes ectivity Brough December 6, 1997	•		
Both formulations covered for None scheduled Physicians use J3490; Physicians relimbursed labeled indications effective for indications of the scheduled Physicians (1029/97) and indications of the scheduled set of the s	Payer Type Plan Tille, City and State	Covarage Policy	Review Bistus	Billing Requirements and Cisims Information	Payment Methodology
State MA — Medicalid Both formulations covered for None acheoluled Physicians use 100; ST 50 administrative for the state of the state	Minnesota				NW I
Please rick for Medicard State Plans:  Coverage confirmation should not be integrated set a quartered of benefits for Arcstrad. Caking for including an incombaneous code (e.g., 13400, 90799) must also include the coverage confirmation should not be integrated set a quartered of benefits for the consistent of or including an include the confirmation of the confirmation and consistent of the confirmation	State MA Medicald Medicald St. Paul MN	Both formulations covered for labeled folications effective (0.29/87	None scheduled	Physicians use J3490; Pharmedes use NDC	Physicians raimbursed AWP plus \$150 admistrative feet, Pharmacy raimbursed AWP kets 10% plus \$3,65 dispensing
20 Page 9	Please note for Medicare Part B	and tendents State Plans:	to Azzenet. Calms for Azzeme	e) apos encergantes en miscellaneous code (s	.g., 13450, 90799) must also include the
	rame, stength and dosage for A	yzaknet in order for the drug to be Identifie	dy the plan and consequence		
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Anzemet Coverage Introduction Program Reimbursement Information by State This report provides a plan by plan description of coverage information, includes activity invogan becoming 6, 1997.	Anzemet Coverage Introduction Program Reimbursement Information by State This report provides a pain by plen description of coverage information, grouped by state, notates activity brough becomber 8, 1997	of by state.	
Payer Type Plen Tibe, City and State	Coverage Policy	Review Status	Buling Requirement Claims information
Missouri	-		
Medicare — Part B Blue Cross Silve Shald of Kansas Topeka KS	Injectable covered for labeled indications incident to physician services effective 8/1/197	Carries review in process, subjects all injectsbles to local policy development. Claims for injectsbles subject to individual consideration until national HCPICS code assignment.	injectable use 23490, accepts electron in the cellaneous code of the parme, strength, raised in commental, in CRC strongly recommendation with this centery package linear to facil recognition
State MA Medicald Medicald Jefferson City MO	Soft formulations covered for fabeled indications effective 10/29/87	None scheduled	Physiciens use J3480 Phemedes use NDC
Passe nos for Medicare Part Band Medical Sale Plans	d Medicald State Plans:	i. 	oensteadm a galou belg ei

ous code (e.g., (3490, 90789)

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Authorities Coverage introduction of Reimbursement Information by State the report provides a plan by plan description of coverances and section of coverances and section of coverances and section of coverances.	Autonites Coverage introduction 1 (19) as in the Importance of Imp	ped by this.		·
Payer Type Pan Title, City and State	Coverage Policy	Roview Status	Billing Requirements and Claims information	Payment Methodology
Mississippl				MS
State MA — Medicald Medicald Jackson MS	Both formulations covered for tabeled indications effective 1(100)?	None scheduled	Physicians use 13490; Pharmacles use NDC	Physiciens: to be confirmed; Phermacy, retribunded AWP tess 10%, plus \$4.31 dispensing
Please note for Mediture Part 8 and Medicald State Plenc. Occessing confirmation should not be Interpreted as a graden name, strength and docage for Argamet In order for the dru-	Please note for Medicure Pari B and Medicald State Plens: Overage confirmation should not be interpreted as a guarantee of benefits for Azzamet. Calma for Anzarnet Injectable Ridd Home, stangoh and docage for Azzamet In order for the drug to be identified by the plan and considered for rehizturalment.	for Arzomet. Claims for Arzomed J by the plain and considernof for in	Please note for Medicare Part 8 and Medicald State Plant. Coverage confirmation and be interpreted as a grantenine of benefits for Azzernet. Calima for Azzernet highestable filled using a miscellarations code (e.g., 13490, 90799) must also include the confirmation and dosage for Azzernet in order for the drug to be (durinfied by the plan and considered for relativizations).	, 19490   60799) must also Include the

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North Carolina	Coverage Policy		Calms information	Payalont
			-	
Medicars Part B Connecticut General Life Insurance Compeny Hartford CT	Injectable covered for labeled independents incident to physician services effective 8/11/97	Carrier raview in process, subjects all injectables to focal policy development; Claims for injectable subject to individual consideration until nethonal HCPCS code systgriment.	injectable use 13490, Camfer scoops electronic Blog of mincellations aced claims with mincelations aced claims with actual name, storage, dosage maled in comments however, CRC alongly recomments paper filting with this carrier with peddage hisert to facilitate drug secognition.	National policies: alk 100% of pu 1/1/138 where 95% of pub
Pages now for Medicare Part 8 and Medicard State Plans: Coverings confirmation should not be interpreted as a guaran name, shength and dosage for Azzamai In order for the dru	Please now for Medicare Partitional State Plens: Coverage conformation should not be interpreted as a guarantee of benefit for Arceins. Cakes for Arceins! Hockship field using a miscalismacus code (e.g., J.M.60, 60789) mans, strength and dosage for Arceins in order for the drug to be identified by the plan and considered for reinforment.	or Azzemet. Cakes for Azzemet Hechalt by the plan and considered for reinfolmer	ie fied using a niscaliansous code (a.g., ement.	J3460, 60789
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Includes activity through December 8, 1987	notates activity through December 8, 1987			
Payer Type	Coverage Policy	Review Status	Billing Requirements and Cishns Information	Pryment Methodology
Plan Title, City and Watto				Y
North Dakota				
Medicare — Part B Bue Cross Blue Shield of North Dakots Fargo ND	injectable covered for labeled indications incident to physician services effective 9/11/87	Carrier review complets; Clains for injectable subject to individual consideration until rational HCPCS code assignment	Injectable use 13490, Carrier accepts electronic filing of miscellensular code claims with chug name, strangth, dosage nobed in comments, however, CRC atompsy recommends paper Billog with this carrier with package isset to facilitate drug recognition.	National policy for all Part B carrien: allowance based on 100% of published AWP until 1/109 when allowance based on 85% of published AWP
State MA — Medicald Medicald Bismark NO	Both formulations covered for tabeled indications effective 1028/87	None scheduled	Physicians use 43490; Phermacles use NDC	Physicians reimbursed AWP fest 10% less \$5 activitistative fest Pharmacy reimbutsed AWP Bess 10,5% plus \$4,50 depending
Paese note for Medicare Park B ( Coverage confirmation should no	Please not for Medicare Part B and Medicaid State Plant. Coverage confirmation should not be inferenced to be plant for Anzemet Injectable filed using a miscellaneous code (e.g., 1949), 90799) must also include the Coverage confirmation should not be inferenced by the plant and considered for reinfamentation.	te Azzemet, Calma for Azzemet Injectati di tvi the pien end occesidented for relatibilities	ie fied using a miscellansous code (e.g. smant.	0980, 90789) must star frictude the

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trains and confer randow in process.  Injectable use J2450, Carrier randow in process.  Injectable use J2450, Carrier randow in process.  Injectable use J2450, Carrier randow subjects all electrometric Calms for miscollarectors and electrometric Calms for miscollarectors and electrometric Calms for miscollarectors and electrometric consideration until national notational process.  Injectable use J2450, Carrier and policy development; Calms for habbits in the carrier with design consideration until national processing in processing in the carrier with design processing in the carrier with a carrier with page in the carrier with a processing processing in the carrier with a processing processing in the carrier with a processing processing in the carrier with a ca		Coverage Policy	Review Status	Billing Requirements and	Payment Methodolog
Shlaid of injectable covered for labeled Carrier review in processe, injectable use DASO, Carrier policy developments of policy developments on the carrier with any of misositaneous code civilities with any nature, shared the contraction of the confidence of the contraction of the confidence of the contraction of the carrier with package insert to facilities drug manner to facilities of serion of the carrier with package insert to facilities of serion of the carrier with package insert to facilities of the carrier with the carr	Plan Title, City and State				
Shield of hijectable covered for labeled Centrior review in processe, injectable use JS490, Centrior policy development; Cellins for miscellaneous code cleims with envices effective B/I 1/87 policy development; Cellins for miscellaneous code cleims with envices effective B/I 1/87 policy development; Cellins for miscellaneous code cleims with envices effective B/I 1/87 policy development; Cellins for miscellaneous code cleims with environmenta; benefits for commenta; benefits processed indications effective Riches experiences covered for None echieduled and processed state Paris:  Both formulations covered for None echieduled involves; Pharmsedes use J3480 and involves; Pharmsedes use BADC (102-1).  Programment for the formulations covered for None echieduled involves; Pharmsedes use BADC (102-1).  Programment for the formulations of benefits for Arcemet Calme for Arcemet Macaine injectable filed using a miscellaneous code (104-1).	Nebraska				
Both formulations covered for None scheduled Physicians use 13460 and Implementations effective (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997) (0.72997)	Medicare — Part B Bue Cross Blue Shield of Karsasa Topeta KS	enjectable covered for labeled indicators to physician envices effective 9/11/87	Carrier review in process, subjects all hijectsibles to local policy development; Calina for high-rapid authority and policy development; Calina for high-rapid authority mitional HCPCS code assignment.	injectable use J3490, Carrier accepts electronic filing of miscolfaneous node claims with drauge node of accepts and drauge node of nominents, throwing CRC strongly recommends paper filing with this carrier with package insert to facilitate drug recognition	Reforal policy for all Farthers, altwance bar 100% of published AM 11786 where allowance 95% of published AWF
Prese note for Medicare Part 8 and Medicald State Plans:    Prese note for Medicare Part 8 and Medicald State Plans:   Present the Committee of the Present for Angelia for Angelia for Angelia for Committee and Committee for Angelia for Angelia for Committee and Committee for Angelia for Committee for Committee for Angelia for Committee for Committee for Angelia for Committee fo	State MA — Medicaid Medicaid Lincoln NE	Both formulations covered for tabled indications effective (syzave)	None scheduled	Physicians use 13480 and imotoe; Pharmedes use NDC	Physicians reimborses scottialion; Pharmacy reimbursed AWP leas dispensing
the part of the part of the drug to be described by the pin and consistent of the pin and consis	Prase note for Medicare Part 9 an Coverage confirmation should not	in Nedicald State Plans: be Interpreted as a guarantee of benefits serves in coder for the drug to be identified	for Arzemal, Claims for Assemel Injects I by the plan and considered for reimbun	bis fired using a miscellametus code (6.5.	J3490, B0799) must als
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Payer Type Cov and State	Coverage Policy	Raviere Status	Billing Requirements and Claims Information	Payment Matrodotogy
New Hampshire				
Szere M.A – Mediceld Both Medicald Both Corcord NH 10/21	Both formulations covered for jabeled indications effective 10728/97	Nove acheduled	Physicians use 13490; Phameties use NDC.	To be confirmed

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Introduction	offer hy State
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This report provides a plan by plan description of coverage information, grouped by state.

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Payer Type Pren Title, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
New Jersey				2
Medeare — Part B Xect Medeare Services Camp Hill PA	Injectable covered for labeled indications incident to physician services effective BY1797	Currier review complete; Claims for injectable subject to individual consideration unit redonal HCPCS code sesignment	Injectable use 90799, Carrier accepts electronic silving of miscellaneous code cellurs with dung remainer, strongly, doesge noted to comments; however, CRC recomments paper filling for improved carrier processing.	National policy for el Part B carriesta: altorance tassed en 100% of published AWP until 11/188 when altorance tasted on 95% of published AWP
State MA Medicaid Medicaid Trenton NJ	Both formulations covered through pleamacy benefit effective (1/14/87	Notes acheduled; Plan doesn't accept miscellaneous J codes so no mechanism for physician claim from the light of might highed nutlities assignment; physicians routhely refer to pharmacy until national code assignmed.	Pharmacy use NDC	Pisamacy reinbursed AWP loas 0-6% pive dispensing
(C)				

22bis filed uning a miscellaneous code (e.g., 13490, 90799) must also include the

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Payer Type Plan Tille, City and State	Coverage Policy	Review Sixtus	Billing Requirements and Claims Information	Payment Methodology
New Mexico				NM
State MA — Mediceld Medicald Sents Fe NM	Both fermulations covered for lebeled indications offsether 19/22/87	Review complete	Physicians use JO490 and Involve, Pharmedes use NDC	Physiciens reimbursed sequelibris. Pharmacy reimpursed AVP less 12.5%.
Please note for Medicare Part 8 and Medicard State Plans. Coverage confursation should rack be interpreted as a guern	Please note for Medicare Pari 8 and Medicaid State Plans: Coverage continuation should not be full prometted of benefits for Account Calaba for Account Injectable filed Coverage continuation should not be full provided to the new orandom for antiburanters.	to Arzent Clains for Azemetic	opos snoeugeosta e dujin	.g., J3490, 90799) must also include the
Tierra, strategis and decays to the				
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Medicare — Part B  Blue Coas Blue Stied of Injectable covered for labeled Center raview complete; Claims Injectable use 23490, Center N  Blue Coas Blue Stied of Injectable covered for labeled Center raview complete; Claims Injectable use 23490, Center N  Blue Coas Blue Stied of Injectable covered for labeled Center raview complete; Claims Injectable use 23490, Center N  Blue Coas Blue Stied of Injectable covered for labeled Center for Infertional Blue of Center Stied of Injectable use 23490, Center N  Blue Coas Blue Stied of Injectable covered for Infertional Blue Stied of Injectable Inj	1212		erfer raview complete; Cislims		<u>.                                    </u>
Medicare — Part B  Rive Coses Blue Stield of rejectable covered for labeled Center raview complete; Claims Livectable use 25490, Center Rive Coses Blue Stield of rejectable subject to Individual ecosyste electronic filing of miscellaneous code claims with Eargo ND acrycos effective 9/1/37 ACPCS code sesignment characteristic foreign acrycos effective 9/1/37 ACPCS code sesignment characteristic foreign acrycos effective 9/1/37 ACPCS code sesignment characteristic foreign acrycos. CAPC sebregly recommands paper Parer:  Passe code 564 Medicare Part B and Medical State Parer:  Covernge confined on the Individual Calins for Ansand this confined on the Individual Calins for Individual Calins f	1 2		earlor raview complete; Claims in injectable subject to individual		
Pisses one for Medicary Part B and Medical State Plant: Covering confined on the improvide as a greatise of booffs for Anzered, Caims for Anzered frieducing a miscalereous code (a.g., Covering confined as about the formation of confined for temphratement.		injectable covered for labeled indications incidentions incident to physicien services effective 9/1/197	nederacon uma nacesa	Livertable use 23460, Cantisr socspite electronic films of microlitaneous code claims with drug name, strength, doings noted in commenta: toxieneou, CRC stongly recomments paper films with package tracef to scalitate drug recognition.	28=>8
THE COUNTY AND COMPANY TO WASHINGTON THE CASE OF THE C	•	hert B. and Medicald State Plants: and not be interpreted as a guarantee of becomin for A. s for Accessive is order for the drug to be identified by or	tremet. Ctaims for Assamet Injectable plan and considered for reimburser	find using a miscellaneous code (e.g.,	. 5
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Payer Type Decripe City and State	Coverage Policy	Raview Status	Billing Requirements and Claims information	Payment Methodology
New York			•	2   ;
Medicare — Part B Blue Sitetd of Western New York Binghamton NY	triectable covered for laboled indicatons incident to physician services effective 8/11/87	Carrier review complete; Cistins for injectable subject to individual consideration until national HCPCS code sesignment	Injectable use 13490. CRC strongly reconsents paper fling with this carrier with package with this carrier with package insent to facilitate drug recognition.	National policy for all Part B carrient; altowards based on 100% of published AWP until 11/98 when allowance based or 95% of published AWP
Medicare — Part B Empire Medicare Services New York NY	injectable covered for labeled indeatons indeators by physician services effective 8/1/87	Carrier review in process, subjects all injectables to local policy development. Claims for injectable subject to bridividual conscienation unit national HCPCS code assignment.	Injectable use J3490, Carrier scoops electronic files of miscelleneous code datas with drug name, strongh, dosage noted in commental however, CAC strongly recommends poper files with the carrier with package least to facilitate drug recognition.	Netional policy for all Part B carriers: altowance based on 100% of published AWP until 1/198 when altowance based on 85% of published AWP
Passe rote for Medicare Part 8 and Medicald State Pener. Coverage confirmation should not be stranged as a guara isano, strange and dosage for Antamat in order for the dis	d Medicald State Penni a friespread on a guarante of berreffe erret fin order for the drug to be Usertified	Please rute for Medicare Part 8 and Medicad State Plens: Please rute for Medicare Part 8 and Medicare State Plens: Annual of Please rute for Medicare Part 8 and Medicare of Please of Modernal Chains for Ansernal Infection Bird Lading a miscalismecus code (e.g., 10.450, 90799) must less function the miscalismecus for the first fee drug for the drug to be identified by the plan and considered for reinforcement.	te filed using a miscallaneous code (e.g.	13450, 90790) must elso include the

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£	nobudes activity Brough December 8, 1997	nchoise activity through December 8, 1987			
i v	Payer Type Pien Title, City and State	Coverage Policy	Review Status	Billing Requirements and Chains Information	Payment Rethodology
ı	Ohlo				₹
1 -4	Medicare — Part B Reformée Metrual Insurance Company Columbus OH	friedable covered for labeled indeed indeed indeed to physician services effective 8/11/87	Carrier review in process, subjects all injectables to local poticy development; Claims for injectable subject to individual consideration until rational HCPCS tode assignment.	Injectable use 13490, Carrier secosts electronic filing of miscellaneous code claims with drug name, strangly, cosses coted in comments; however, CPC strungly recommends paper filing with this carrier with package knewt to facilitate drug escognition.	National policy for all Part B cardens; allowance based on 100% of published AWP until 1/1/88 when allowance based on 95% of published AWP
( */	State MA — Medicald Medicald Columbus OH	Both tomulations covered for labeled indications effective (0.29.67)	State formulary review required, presentation to Grug & Therepeutics Committee in process by HMR	Physicians use 90789 with NDC; Pharmacies need prior auth and use NDC	Physicians reimburs od AMP pius \$2 administration: Pharmacy naimbursed AMP issa 7.5% glus dispersing
,	Presse note for Medicary Part B and Medicard State Plans: Coverage confirmation alpud on be integrabed as a curri- name, strength and doubles for Architect in order for the dis-	Redicted State Plant: a Integrated as a guarantee of benefits i emel in order for the drug to be identified	Peause nots for Nedicare Part B and Medicard State Plant: Coverage confirmation should not be inspirated to a guarantee of benefits for Arcemet. Claims for Arcement Each using a miscellaneous code (e.g., 1340), 90799) must sho heliuse the arcement in order for the first be identified by the plan and considered for reinbursement.	to filed using a miscellaneous socie (e.g.,	134(0), 90739) must also include the
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Reimbursement Information by State This report provides a plan by plan description of cover includes activity tracesh December 6, 1997	Relmbursement Information by State This report provides a plan by plan description of coverage information, grouped by states includes activity transft Desember 6, 1997	uped by state.	·	
Payer Type Plan Tibe, City and Siste	Coverage Policy	Review Status	Billing Requirements and Cisins information	Payment Methodolog
Oktahoma				
State MA — Medicald Medicald Ottahems City OK	Both formulations covered effective 11/2//97	Review complete	Physician for injection being confirmed; Pharmacy use NDC	Physician for hijection t confirmed: Pharmacy n AWP less 10.5% plus d dispensing
Please now for Medicare Part Coverage confurmation should name, strength and dosage to	Please note for Meditare Part 8 and Meditarid State Plant. Coverage confirmation should not be interpreted as a gastenies of beautis for Azzamet. Calms for Azzamet lejectable filed rains, stangth and dosage for Azzamet in order for the drug to be identified by the plan and considered for reinfaustement.	is for Arzemel. Claims for Arzemel at by the plan and considered for re	Please note for Medicare Part B and Medicard State Plans: Coverage confirmation should not be illustrated to a gustanias of benefits for Arcamat Transmillar including a miscalameous code (a.g., 17490, 80799) must about including the design for the drug to be Medified by the plan and considered for initial and design for Accumat to order for the drug to be Medified by the plan and considered for initial and design for Accumat to order for the drug to be Medified by the plan and considered for initial and design for Accumat to order for the drug to be Medified by the plan and considered for initial and design for Accumat to order for the drug to be Medified by the plan and considered for initial and design for Accumating the Accumati	. 13490, 80799) must also i
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Payer Type Co	Coverage Policy		Bitking Requirements and Cisions Information.	Payment Methodology
Pen Title, City and State Oregon			-	OR
Medicare — Part B Blue Cross Blue Shield of North Debate Farpo NO	Injectable covered for labeled indications incident to physician services effective 941/97	Carrier review complete: Claims for tylectable subject to Individual consideration until national HCPCS code assignment	hyectable use 23490, Carrier accepts electronic filing of miscellaneous code claims with drug name, strength, dosage ruck at nonemental, however, CRC atrongly recommends paper (filing with this carrier with package keset to facilitate drug recognition	National policy for all Part B carriers: allowance based on 190%, of published AWP until 1/185 when allowance based on 95% of published AWP
Please note for Mactorse Part B ar Coverage contimation should not name, absorpt and dosage for Art	d Medicald State Plane; be Interpreted as a governible of benefits i ternet in order for the drug to be Mentified	Pease note for Medicare Part Band Medicald Strite Plans:  Coverage continuation should not be Interpreted as a generated by the plan and considered for rehitturement.  Annual, absorpt and dosage for Anternet, in order for the drug to be kneatibled by the plan and considered for rehitturement.	s Ned yaing a referentisments cott (e.g.	JS48A 90799) must also include the
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Anzemet Coverage Introduction Program Reimbursement Information by State The report provides a plan by plan description of coverage Information, a Induces activity through December 8, 1987	Anzamet Coverage Introduction Program Reimbursement Information by State the most powides a plan by than description of coverage information, grouped by these nations activity frough December 8, 1997	of by states.		
Payer Type Plan Title, City and State	Correrge Policy	Review Status	Billing Requirements and Claims Information	Payment Mathodology
Pennsylvania		,		PA
Medicare — Part B Xact Medicare Services Cemp Hit PA	Injectable covered for labeled Indeatons incident to physician services effective 8/11/87.	Carrier review completa; Clehma for Injectable subject to Individual consideration until national HOPCS code assignment	injectable use 90799, Carrier scoops decarble decarble filing of miscellaneous code clarins with duay name, attength, decayed incomments however, CRC recomments paper filing for improved carrier processing scoursey.	National policy for all Part B carriers: allowance based on 100% of published AWP unit 11/03 where allowance based on 95% of published AWP
State MA Medicald Medicald Harrisburg PA	Both formul stions covered for Islands indications effective 1029/97	None scheddad	Physicians use J3480; Pharmacles use NDC	Physicians reimbursed AWP less 14%; Pharmacy reimbursed AWP less 10%
Please note for Medicare Part B an Coverage confortation should not in mans, strongth and dosage for Arz	d Nedecké Busa Pana: sa kátypated da a guarante of benefis i amet in order for the drug to be formited	Phase note for Medicary Pari B and Medicald Blate Plant: Coverage conformation should not be integrated as a guerantee of benefits for Avcernet. Caline for Avcernet injecteds that using a miscellaneous code (e.g., 13490, 90793) must also induce the coverage conformation should not be integrated as a guerantee of benefits for the day is be identified by the than and consistend for reinforcement.	e fied using a miscallaneous code (e.p., men).	13490, 90793) mat abo include the

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Anzemet Coverage Introduction Program Reimbursement Information by State This report provides a plan by plan description of coverage Information, a notates extenty through December 8, 1897.	Anzemet Coverage Infroduction Program Reimbursement Information by State Ins. report provides a pain by plant description of coverage information, grouped by state, notable a scripty brough December 8, 1897	nd by state.	
Payer Type Plan Title, City and State	Coverage Policy	Review Status	Claims (
Rhode Island			
Medicare — Part & Blue Cross Blue Sheld of Rhode leland Providence RI	Injectable covered for labeled Indications incident to physicien Bervice is effective 9/11/97	Carrier review complete; Claims for injectable subject to Individual consideration unit instensi HCPCS code assignment	Injectable accepts a miscellan drug nam roded in C CRC attraction package in package in mesonition
State MA — Medicald . Medicald .	Both formulations covered for	Review Complete	Physician

Payment Methodology

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J3490, 90799] must	í
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nots for Medicare Part 8 and Medicaid State Plant. Se confingion alguld not be interpreted as a guarante of senalls for Ancerrat Claims for Anzonal Medicable fied using a mispolismode code (e.g., J3V	straight and dosage for Antainst in order for the drug to be identified by the plan and considered
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note for Medicare Pa oe confirmation abou	31
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South Carolina  Medicana — Part B Blue Chae Blue Blue Blue Blue Blue Blue Blue Blu	ind of injectable covered for labeled Canfor roview complete; Cleims hijectable use 39490, Canfor roview complete; Cleims hijectable use 39490, Canfor services effective Brt 1/87 consideration until national miscolianeous code cleims with ancical services effective Brt 1/87 consideration until national miscolianeous code assignment industrial part filling with this carbor of the commentation of the comments of	Plan Tibe, City and State	Coverage Policy	Review Status	Billing Requirements and Claims Information	Payment Methodology
Shield of Injectable covered for labeled Camier review complete; Cleims hylectable use 13490, Camier review complete; Cleims hylectable use 13490, Camier consideration until miscolar motion of the process of the consideration and an analysis of the constraints of the constraints of the constraints of the constraints began fully with this came with package hard to facilities drug recognition for the constraints of the constraint	Medicars — Part B  Medicars — Part B  South Carolia Shall of injectable covered for tabled Carlier raview complete; Cleims hydrathe use 3490, Carlier South Carolia South	outh Carolina				SC
Phase note for Medicare Part B and Medicald State Plans:		5 Pr	is covered for labeled ans lendent to physician s effective B/11/87	Carrier review completer Cleims for Injectable subject to first vidual comsideration until national HCPCS code assignment	hylocable use 33490, Cerrier accepts electronic Birg of mycocabiesous node calons with drug next next strengt, downge and node nobed is commente, however, CRC strongly recomments pager filing with this carrier with package insert to facilitate drug recognition	National policy for all Part B carriers, allowance based on 100% of published AWP unit 1783 when allowance based on 95% of published AWP
Commiss continued in the first for the first to be designed by the plan for considered for reinforcement.	<u>.</u>	have note for Medicare Part B and Medicald to communic confirmation about on America In references	State Plants: A as a guarantee of benefits for the first the druct to be Merithed?	r Anzumet. Claims for Anzemel Injectably y the plan and considered for rebrishmen	i fied using a infrostaments code (e.g., inent.	13490, 90799) must also include the
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South Dakota  Medicare — Part B  Bite Cranter moleve do tabled of indicatorie convend for tabled Centrer moleve control for tabled and the control for tabled and the control for tabled and tabled an	ĮĒ	Payer Type Plan Title, City and State	Coverage Policy	Raviow Sixtus	Billing Requirements and Cleicis Information	Payment Nethodology
Hedicare — Parl B  Bue Cross Blue Streed of Injectable covered for labeled of Injectable covered for labeled and Injectable covered for labeled for labeled and Injectable covered for labeled l	ઝ	outh Dakota				S
Both formulations covered for Review Complete Injection; Pharmacles use NDC subsided indications affective. Pramacles use NDC 10/28/97 10/28/97 Fat 8 and Medicald State Plant: Out not be trainmed as a guarante of benefit for Arcamet Claims for Arcamet Injectable fleet using a miscellaneous code (e.g., J. pe for Arcamet, in order for the drug is be identified by the plan and considered for reinfoltramment.	1 €	dicare — Parl B Brue Cross Blue Shield of North Delote Fargo AD	Injectable covered for labeled indications indicated to physician services effective 0/11/87	Carrier raview complete: Claims for hydotable subject to Individual consideration until national HCPCS code assignment	injectable use 13490, Camer accepts electronic Ring of miscelancous code calms with drug of parts, straight, desage moted to countering, inversel, CRC strongly recommends puper filling with this carrier with peckage insent to facilitate drug recognition.	National policy for all Part B carrients allowance based on 190% of published AWP until 1/498 when allowance based of 83% of published AWP
	\ <u>8</u>	ite MA — Medicald Medicald Flare SD	Both formulations covered for isbeind indications affective (UZ8/07	<b>Рачич С</b> этрый	Physicians use J3490 for Injection; Pharmacles use MDC	Physicians reinbursed AWP: Pharmackes reinbursed AWP less 10.5% plus \$4.75 dispens
AP04459	ो एक इ।	sase total for Medicare Part B an swapp confemsion should not b the, evenigh and dompe for Arz	of Markets State Plant. De transposed as in guarantee of benefits of market is cross to be benefits to be benefits to be benefits.	or Account Chies for Account Injectable by the plan and considered for reinfolders	i ĝed tulog a misoellenecus code (e.g., min.	Tago, 20729) must see broude five
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	Payer Type City and Styte	Review Status	Cleims information	Payment Methodology
Tennessee				ZF
Medicare — Parl B Connectical Centeral Life Insurance Certeriy Hartford CT	injectable covered for fabeled indicatons frod entito physician services effective 6/11/87	Carrier review complete; Cisims for tripedable subject to frotividasi consideration until national HCPCS code assignment	Injectable use J3490, Carrier accepts electronic Ring of histoclameus code claims with dury man, strength, dozage noted in comments prever, CSC atompty recommends prever filtry with this carrier with package hister it is indifficte drup recognition.	National policy for all Part B carriers allowance based on 100% of published AMP until 11,100 when allowance based on 95% of published AWP
Pease met for Madous Pert Ba Coverage confountion should not rame, shength and coupe for A	Please note for Medicare Part B and Medicald State Plans: Coverage confirmation should not be histopised as a quantities of benefit for Azamet. Calcar for Animals in the confirmation should not be histopised as a quantities of benefits for Azamet for an incurrent for an incurre	for Azzamet. Chains for Arosemet tripocards by the plan and considered for minibures	e filed using a macelitaneous code (e.g., ment.	J3490, 90799) must also brolude the
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Payer Type Plen Title, City and Slate	Coverage Policy	Runtan Status	Buling Requirements and Claims Information	Payment Methodology
Texas				¥
Medicare — Part B Bus Cross Blue Shield of Texas Datas TX	Injectable covered for aboled adderstons incident to physician services effective 9/1 (/97	Center raview in process, subjects at injectables to local policy development. Claims for injectable subject to individual consideration until national HCPCS code assignment.	injectable use 13490, Carrier accepts electrotic filting of missiansous code claims with drug name, isteredit, dosage nobled in comments increver, CRC strongly recommends paper filting with this carrier with package insert to faciliate drug recognition	National policy for all Part B carriers: allowence based on 100% of published AWP until 1/1/88 when allowance based on B5% of published AWP
State MA Medicald Medicald Austin TX	Both formulations covered for imbelied indications effective 11/14/87	Review Complete; Teues Vendor Drug Program covers tableta under pharmacy benefit and injectable in runsing home or home health; NALL covers injectable administered by physician in office/clinic	Physicians He injectable using 11480; Pharmacles use NDC	Physicians and Pharmacy reimbursed AWP less 10.5% plus administration and dispensing
Pease note for Medicare Part B and Medicald State Plants. Coverage confirmation stocked not be interpreted as a guant mane, alreadth and closuge for Anzemet In order for the dis	of Medicald State Plants be princessed so a guarantee of benefits series to order for the drug to be Identified	Please nois for Medicare Part 8 and Medicaid State Plant: Presse nois for Medicare Part 8 and Medicaid State Plant: Controp confirmation shadd not be frishested as a guarantee of benefits for Accepted, California for inhabitation.  Sometimes and document to order for the drug to be identified by the plan and considered for inhabitation.	h Riod using a miscellaneous code (e.g.	"13490, 90799) must also include the
		P. T.	that's like	Page 43 of 50

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This report provides a plantly plan describer includes activity farough December 8, 1997	This report provides a plantby pien description of coverage information, grouped by state, includes activity fatough December 6, 1887	ed by state.	٠
Payer Type Pen Tita, Chy end State	Coverige Pelicy	Review Status	Billing Requirements and Claims Information
Utah			
Medicare — Part 8 Library Sall Lake Cross Silvery Cross Silvery Cross Sall Lake Croy Cross Sall Lake Sall La	injectable covered for labeled Indicators incident to physican services effective 5/11/07	Carter review complete; Claims for rejectable subject to individual consideration unit national HCPCS code assignment	injectable use 13490, Cernier accepts electronic fifting of miscellaneous code dalms with crose in mense strength; dosage model in comment; however, CRC strength; recommends paper fifting with this carrier with pushage fuser to facilitate drug recognition.
State MA — Medicaid Medicaid Self Lake City LT	Both formulations covered for tabeled indications effective 11/15/97	Review complets	Physicians use 33490; phermades use NDC
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Payment Methodology

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State MA — Medicaid Medicaid Medison W!	Both formulations covered for labeled indications effective 10/29/97	None scheduled	Physiciens use 13480; Pharmedes use NDC	Physicians reimbursed AWP less 10%, plus \$3 activitiestration; pharmacy reimbursed AWP less 10% plus \$4.59 dispending.
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	Please note for New Corn Part B and Medicald Shale Plants Coverage confunction should not be little presed as a guest harm, artength and docage for Assamst In order for the ch	Medical Shiris Paris: Integrated as a guerante of brindbal mai in order for the drug to be identified	Please note for Madram Part B and Medicaid State Plant: Coverage continuation should not be itsingtered as a guerante of benefits for Automat. Claims for Antamat tylecable slidd forms and continuation should not be itsing to be identified by the plan and considered for reimbursement. Frame, arteright and doubge for Antamat in order for the drug is be identified by the plan and considered for reimbursement.	Peasa note by Nadisan Part Bland Madedd Shia Plant: Coverage continuation should not be interpreted as a guerante of benefits for Automat to Coverage continuation should not be interpreted as a guerante of benefits for the benefit of the plan and considered for reinbursation.  Here, artength and bourge for Automat in order for the drug to be identified by the plan and considered for reinbursation.	(15400, p0399) must also include the
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Payer Type Plan Title, City and State  Wyoming  Wyoming  Wholing	Coverage Policy Review Status Elling Requirements and Payment Methodology  Claims Information  Claims Information  Claims Information  Chains Information  Carrier review complete: Calms Information  Carrier review complete: Calms Information  Information  Carrier review complete: Calms Information  Information  Information  Carrier review complete: Calms Information  Information  Carrier review complete: Calms Information  Considerable use 13460, Carrier  Carrier Review of published AWP unit  Carrier Review of page  Information  Information  Carrier Review of published AWP unit  Carrier Review of page  Information  Inform	Keimbylisement (michtmaucht by State This report provides a pien by plan description of zons includes suchtly Putugh December 8, 1997	Notification of the control of the c			
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# Exhibit 46

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

October 26, 2000

Ms. Lola Nannas
Database Administration Manager
Red Book
Corporate Headquarters
Five Paragon Drive
Montvale, NJ 07645-1742

Re: 2001 Product Listing Verification

Dear Ms. Nannas,

As requested, enclosed please find an updated summary of list pricing and package information for Immunex products. Please note that Immunex Corporation is not responsible for setting the Average Wholesale Price (AWP). Therefore, we do not set or approve AWP information for any Immunex products.

via Federal Express

Please note the contact information for Immunex has changed as indicated on the 2001 Product Listing Verification form.

Please feel free to contact me at (206) 587-0430, ext. 4846, should you have any questions.

Sincerely.

Signa M. Schreiner

Senior Manager

Healthcare Policy, Specialty Therapeutics

enclosures

IMNX 023482

7/9/96

## SALES BY CLASS OF TRADE FOR THE PERIOD 4/ 1/96 - 6/28/96

6		40	13	10	0	O	13	
'سان	ERIE COUNTY MEDICAL CENTER	10	14	01	0	0	14	
4540	HORTON MEDICAL CENTER	10	675	01	0	14	662	
832	COLUMBIA PRESBYTERIAN MED CT	500		O1	-	<del></del>	1,080	
<b>Q</b> ,2	Total Terms Code 01	727	1,102		_		1,000	
		72	89	03	0	2	87	
288	ELMHURST HOSPITAL CENTER - PH		89		_		87	
	Total Terms Code 03	72			-			
	Total Trade Class 08	799	1,191		=		1,167	
Methotr	exate, 50mg LPF, 2ml, 1							
Trade C	<u>lass:</u> 09			Terms	Discount	Discount	Discounted	
		4	•	Code	Percent	Amount	Price	
Cust#	Customer Name	Units		01	0	16	807	
2217	PUBLIC HEALTH SERVICE	675	824	01	٠ -	16	807	
	Total Terms Code 01	675	824		-			
	Total Trade Class 09	675	824		<u> </u>	16	807	
7 F. Al A	rexate, 50mg LPF, 2ml, 1							
Minge	Term 11						m. 4.4	
1 ~ 4 <u>ae (</u>	Class: 11			Terms	Discount	Discount	Discounted	
	Customer Name	Units	Amount	<u>Code</u>	Percent	Amount	<u>Price</u>	
Cust #	KINGS COUNTY HOSPITAL	100	135	01	0	3	132	
4520	Total Terms Code 01	100	135	•		3	132	
	Zutki Terms Sout to					3	132	
	Total Trade Class 11	100	134	5 =		<del></del> =		
Metho	trexate, 50mg LPF, 2ml, 1 <u>Class:</u> 14						D*4-d	
11200	Cimo: 1			Terms	Discount		Discounted	
Cust#	Customer Name	<u>Units</u>	<u>Amount</u>	<u>Code</u>	<u>Percent</u>	Amount	<u>Price</u> 58	
11244	HARWOOD MEDICAL GROUP	.30	59		Ō	1	20 14	
1238	WOOSTER CLINIC	10	14		0	0 1	28	
13168	RHEUMATOLOGY ASSOC OF HAMD	10	29		0	_	28	
1458	ANDRADE, RIOLIN MD	10	29		0	1 8	397	
148	PALO VERDE HEM/ONC LTD	140	405		0	11	528	
1482	TEXAS ONCOLOGY - DENTON	376	539		0		51	
15224	CRYAN, WILLIAM S MD	25	.53		0	I.	54	
15833	WENATCHEE CLINIC PHARMACY	40	56		0	1	14	
15945	PANAHI, GHAROON MD	5	14		0	0		
	EASTERNS PHARMACY	30	87		0	2	85	
16034	NEUWELT, MIKE MD	100	289	01	O	6	283	
16257	MONTGOMERY RHEUMATOLOGY A	40	116		0	2	113	
16425	MONIGOMEKI KIEUMATOROGI K	2		6 01	· O	0	6	
16540	KAHN, CHARLES B MD PORTUONDO, ALANZO MD	100	289		0	6	283	
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Immunex Comparation

January 12, 1995

VIA FAX

Roni Lane Red Book 5 Paragon Drive Montvale, NJ 07645

Dear Roni:

Below you will find a list of new suggested Average Wholesale Prices (AWPs) for selected Immunex products, along with a new NDC for NOVANTRONE® 25 mg, all effective January 10, 1995.

		The second secon	$\neg$
Product	NDC	New Suggested AWP	J
• LEUKINE® 250 mcg (Sargramostim)	58406-0002-01	\$109.44	
LEUKINE® 500 mcg (Sargramostim)	58406-0001-01	\$206.00	
NOVANTRONE® 20mg     mitoxantrone for injection     concentrate	58406-0640-03	\$640.82	
nitoxantrone for injection	58406-0640-05	\$801,01	1
NOVANTRONE® 30mg     mitoxantrone for injection     concentrate	00205-9393-36	\$961,24	
Thiotepa for injection	00005-4650-91	\$66.65	

Also, please note that the following product will no longer be sold in single vials and will be available only in boxes of ten. Its AWP has been multiplied by ten and is in the table below. Each vial size has a new NDC and is now available under Immunex packaging. These changes are effective January 10, 1995.

Product '	Old NDC	New NDC	New
Leucovorin Calcius preservative-free, cryodesiccated pov	-		
box of 10 vials 50 mg 100 mg 350 mg	00205-5330-92 00205-4646-94 00205-4645-77	58406-0621-37 58406-0622-35 58406-0623-33	\$215.30 \$394.10 \$1379.40

Please update your databases accordingly. A new copy of Immunex's Average Wholesale Price Product Pricing Guide will be sent to you next week. If you have any questions, call me at (206) 389-4320. Thank you.

Sincerely,

Mary Lipinsky Manager, Health Care Policy IMNX 016507

cc:

Laura Driscoll
Silvia Chang-Haines
Teresa Hedges
Jim Hynes
Kathleen Stamm

 5) University Street, Scattle, Washington 98101 208,587,0430, Fax 208,587,0800